

PAO CHALLENGE 2000: WING WIDE WITH PRIDE

WEST VIRGINIA WING – CIVIL AIR PATROL, OFFICE OF PUBLIC AFFAIRS

P. O. Box 2468, Charleston, WV 25329-2468

Please submit report before the 10th day of following month.

Public Affairs Monthly Action Report

Public Affairs Officer:		Report for: month/year	
PAO Signature		Telephone:	
Unit Commander:		Today's Date:	
Unit CC Signature:		Unit Charter: WV	

Action Steps:	Date Submitted, Published and/or aired:	Name of Publication/Station:	Comments/Results:
Articles/photos submitted to <u>local media</u> ? <input type="checkbox"/> Yes (Attach copies) <input type="checkbox"/> No			
Articles/photos submitted to <u>WV Wing</u> ? <input type="checkbox"/> Yes (Attach copies) <input type="checkbox"/> No			
Articles/photos submitted to <u>CIVIL AIR PATROL NEWS</u> ? <input type="checkbox"/> Yes (Attach copies) <input type="checkbox"/> No			
Articles/photos <u>published</u> by any media? <input type="checkbox"/> Yes (Attach copies) <input type="checkbox"/> No			
Do you publish a unit newsletter? <input type="checkbox"/> Yes (Attach copy if applicable) <input type="checkbox"/> No			
Please submit a copy of unit calendar.			

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Action Steps:	Date Submitted, Published and/or aired:	Name of Publication/Station or Group:	Topic:
Did unit receive any TV/Radio air time? <input type="checkbox"/> Yes <input type="checkbox"/> No			Topic: _____ _____ _____ _____ (If more than one, describe below)
Speeches/presentations to your unit by guest? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Presentation: _____ Name of Guest: _____		Topic: _____ _____ _____ _____ (Please attach copy of program, etc.)
Speeches/presentations by your member to other groups? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Presentation: _____ Name of presenting Member: _____		Topic: _____ _____ _____ _____ (Please attach copy of program, etc.)
Did unit take part in any special activities? (Community service, recruiting, fundraising, mission, training, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No	List Dates: 1. _____ 2. _____ 3. _____	Briefly describe activities: _____ _____ _____ _____ _____ (Use space below if needed)	Briefly describe activities: _____ _____ _____ _____ _____ (Use space below if needed)
Mitchell/Earhart/Eaker/Spaatz/Wilson/Garber/Loeing Award earned? (circle which) <input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____ To: _____	Presented By: _____	Location and Date of Presentation: _____ _____

Please describe any additional activities or training not already covered, i.e. CPR/First Aid/Orientation Flights/etc.
